

The Better Early Childhood Development Program: An Innovative Brazilian Public Policy

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This paper presents the pioneering experience of the Programa Primeira Infância Melhor (the Better Early Childhood Development Program), also known as "PIM" that has been developed since 2003 in the State of Rio Grande do Sul, Brazil. PIM's goal is to "provide guidance to families, based on their own culture and experiences, to allow them to promote their children's holistic development from pregnancy to six years of age with emphasis on the first three years of life". PIM has been implemented so far in over 200 towns in Rio Grande do Sul through partnerships between state and local governments with technical cooperation provided by the UNESCO Brasilia Office. This paper in addition to outlining the tenets of PIM also presents an updated overview of Brazilian early childhood in terms of education, health and social indicators. Scientific findings in the field of early childhood and results from other programs focusing on this crucial period of development are also discussed in this work.

The *Programa Primeira Infância Melhor* (the Better Early Childhood Development Program) or "PIM" started in the state of Rio Grande do Sul (RS) in April 2003. PIM's main goal was to promote children's holistic development in their early childhood years. PIM is one of the most important public policies currently implemented in the region. Headed by the State Department of Health, PIM serves as a coordinating conduit between three key outfits: the State Departments of Education, Culture, Justice and Social Development.

PIM was implemented through a partnership between state and local governments and is structured around three central tenets: Family, Community and Intersectoriality. The program's goal is to "provide guidance to families, based on their own culture and experiences, to allow them to promote their children's holistic development from pregnancy to six years of age with emphasis on the first three years of life". Priority is usually given to areas with socially vulnerable and at-risk populations, a high number of *children* aged 0 to 6 years and pregnant women, high rates of infant mortality and lack of early childhood care and education (ECCE) facilities.

As of August 2008, PIM has been implemented in almost 50% of all towns in RS, reaching 45,750 families and 68,625 children. With the support and technical cooperation of the Brasilia Office of the United Nations Educational, Scientific and Cultural Organization (UNESCO), PIM operates with the aim of attaining the first goal of the World Declaration on Education for All as outlined in the 2000 Dakar Framework for Action, namely "expanding and improving comprehensive early childhood care and education, especially for the most vulnerable and disadvantaged children" (UNESCO, 2001). The 2000 Dakar Framework for Action expresses the international community's commitment to a broad-based strategy for ensuring that the basic learning needs of every child, youth and adult are met within a generation and sustained thereafter. In 2006, PIM officially became part of the State Policy for the Promotion and Development of Early Childhood in Rio Grande do Sul with the passing of State Law #12544.

Child Protection Legislation and the Early Childhood Situation In Brazil

According to the National Household Survey (Brazilian Institute of Geography and Statistics, 2007), the estimated Brazilian population for 2006 was 187,228,000. There were 14,210,000 children aged 0 to 4 years, accounting for 7.59% of the population. The estimated number of children aged 5 to 9 years was 16,734,000, or 8.9% of the population.

Approximately 28.9 million families in Brazil have children and adolescents under age 14, almost half of all households in the country (48.9 %). These families comprise a particularly vulnerable segment of the population in terms of poverty. According to the Brazilian Institute for Geography and Statistics (IBGE, 2007), 25.1% of all Brazilian families in 2006 were considered poor, meaning that they had a monthly *per capita* income of less than half the national minimum wage. This percentage increases to 40.4% among families with children aged 0 to 14 years, and is even more dramatic if we consider only families with children in early childhood (0-6 years), 45.4% of which subsist with a monthly *per capita* income of less than half the national minimum wage. In Rio Grande do Sul, such families constitute 33.6% of the population. Brazilian children aged 0 to 6 make up one of the most vulnerable segments of the country's population, if not the most vulnerable, and should be prioritized in governmental and civil society actions.

Therefore, it is clear that Brazil has challenges to overcome regarding its early childhood population. Besides the poverty experienced by most of these children, the country must reduce infant mortality and malnutrition rates. Enforcement of the right to a birth certificate for all children, as well as the provision of prenatal care and humanized delivery services to pregnant women are far below expected levels. Similarly, the effective guarantee of children's rights - as established in the 1988 Federal Constitution and in the 1990 Statute of the Child and the Adolescent (*Estatuto da Criança e do Adolescente - ECA*), as well as the reduction of developmental risks and domestic violence rates, and the promotion of protective factors to our children's development and mental health are aspects that demand attention and efforts from governments and society. Child labour and the proper provision of quality early childhood care and education (ECCE) are also issues yet to be solved.

In the field of early childhood education, the National Education Act (*Law of Directives and Bases of National Education - LDBEN*) has impacted important changes since 1996. Nursery schools and pre-schools, that previously were within the purview of social service agencies, are now officially recognized as a right of all children and became part of the basic education cycle in Brazil (LDBEN, 1996). The LDBEN established two modalities of ECCE provision: nursery schools (for children aged 0 to 3 years) and pre-schools (ages 4 to 6). Existing and new facilities are expected to adjust to the guidelines set in the new legislation and transition from basic care to educational practices, observing a minimum quality standard and ensuring access to all children.

According to the Summary of Social Indicators (IBGE, 2007), school attendance among children aged 0 to 6 is increasing in Brazil. In 2006, the percentage of children aged 0 to 6 enrolled in ECCE programs reached 43% (compared to 27.5% in 1996). However, there are significant differences regarding access to school between age groups. Only 15.5% of children in the 0-3 years group attended nursery schools in 2006, compared with 76% of children aged 4 to 6 that had access to pre-school in the same year. Poor children are the most affected by lack of access to ECCE resources.

The 1988 Brazilian Federal Constitution recognizes a child as a full bearer of rights and as an individual in a unique stage of development. Constitutional Article 227 establishes the principle

of the best interests of the child by declaring that

...it is the duty of the family, of society and of the State to ensure children and adolescents, with absolute priority, the right to life, health, nourishment, education, leisure, professional training, culture, dignity, respect, freedom, and family and community life, as well as to guard them from all forms of negligence, discrimination, exploitation, violence, cruelty and oppression. (Brazil, 1989)

Nonetheless, local authorities and legislators in power since 2003 have been aware that an advanced legislation is not enough to ensure the compliance and enforcement of all of its provisions. More than that is required. It takes political willingness, sensitivity, involvement and commitment by those in power and social participation and control, as well as investments and coordination between all spheres of government, and more. In this context, PIM stands out as an experience in public policy that aims to bring that legislation to life, effectively guaranteeing the rights of children and promoting a comprehensive framework for their development.

Current Scientific Knowledge About Child Development

It can be said that there is a general consensus about the importance of investments to support ECCE and early childhood, in other words, the period from conception to six years of age. Several studies and reports of successful experiences corroborate this statement (Coffey, 2007; Grunewald & Rolnick, 2007; Love, Schochet & Meystroth, 2002; Kirpal, 2002; Mustard, 2002; Schneider & Terra, 2001; Tarullo, 2002; Young, 2002; 2007).

Every year, neuroscience research provides new evidence that the early years of development set the foundation for the skills and competencies that will influence learning abilities, behaviour and health throughout life (McCain & Mustard, 1999). At birth, the human brain is not yet fully organized and the maturation of brain structures is an ongoing process throughout childhood. Brain development happens in predetermined stages for each function, basically through the increase and specialization of connections between neurons. Formation and reinforcement of neural connections (synapses) are the key tasks of early brain development, particularly in the critical period from birth to 3 years of age, when 90% of brain synapses are formed. The fine wiring of neural networks in the human brain depends on each individual's specific interactions with their surroundings. Environmental influence on the brain changes with age but the deepest and most lasting effects take place in the early stages of postnatal development. As Brazelton and Greenspan (2002) have pointed out:

Every child's early years are, at the same time, the most critical and most vulnerable ones in relation to his/her healthy development. Our research, as well as the research of others, has demonstrated that, it is during the early years that the ingredients for intellectual, emotional and moral growth are defined. If not, it is also true that during the child's growth he/she might be capable of acquiring such talents but the chances get lower and costs get higher as time goes by. (pp. 11-12)

One of the most significant findings in this field is the importance of external stimuli for the organization of neural networks (Shore, 2000). Scientific research confirms what many parents already knew: the way they interact with their children in their early years of life and the experiences they provide or encourage have a significant impact on each child's development.

Child development is a multidimensional process that includes a psychomotor dimension (the

ability to move and coordinate bodily movement); a cognitive dimension (the ability to think and reason); an emotional dimension (the ability to feel and build self-confidence); and a social dimension (the ability to establish bonds and relationships to others). These dimensions are interrelated and should be approached in an integrated fashion. All children develop according to a general sequence or schema, but the speed and quality of this process varies from child to child and from culture to culture (Myers, 1992).

The guiding principle is that every child's development requires educational opportunities as well as health care, nutrition, and safety concerns. Individual achievements in terms of development and learning emerge from a shared process, since they depend both on the kind and quality of interpersonal interactions and the activities mediated by adults and peers. Based on these interactions, the child will develop the skills and competencies to gradually master more complex levels of action, thought, emotion and social relationships.

Grunewald and Rolnick (2007) describe the following requirements for successful large-scale programmes geared towards early childhood: (a) focusing on children at risk and encouraging direct parental involvement; (b) promoting a long-term commitment to early childhood development; and (c) fostering innovative and high quality practices. Among indicators of childhood risk, the authors list low family income, violence or negligence in the home, low parental educational level, low birth weight, and parental chemical addiction (Grunewald & Rolnick, 2007). As previously mentioned, such conditions affect a significant share of the child population in Brazil.

For all these reasons, it is safe to say that "the provision of good-quality early childhood care and support is essential for all children, but particularly important for the poor and vulnerable, to compensate for disadvantage" (UNESCO, 2007). As economist, and 2000 Nobel Prize laureate, James Heckman observes, investing in early childhood, notably in the most vulnerable young children "is a rare public policy initiative that promotes fairness and social justice" (Heckman *in* UNESCO, 2007, p. 25).

Investment in ECCE programs is therefore an ethical, social and economic imperative for governments and societies. In the next section, an outline of PIM is presented as it was developed in Rio Grande do Sul, Brazil.

Programa Primeira Infância Melhor – PIM (the Better Early Childhood Development Program)
PIM, headed by the State Department of Health, coordinates efforts by the State Departments of Education, Culture, Justice and Social Development. The program's concept and implementation reflects a deep recognition of the relevance and complexity of child development and is fully committed to promoting it through the articulation of the necessary sectors and resources.

The program's basic premise is that child development is a complex process that comprises several dimensions: neurological, affective, cognitive and social. It cannot be decontextualized; rather, a child's environment, the family and the community it belongs to play a core role. Similarly, the broader social, cultural, historical, political and economic context will also have significant implications for this process.

PIM was strongly based on lessons learned from the Cuban programme "*Educa a Tu Hijo*" (Cuba, Ministry of Education, 2002). Defined as a non-formal, non-institutional, community-based, family-oriented Early Child Development (ECD) Program, of an intersectorial nature, the program has operated under the responsibility of the Ministry of Education in Cuba since

its implementation from 1992-94. Focusing on the effective and decisive participation of the families and communities as the most important caregivers and educators from 0 to 6, "*Educa Tu Hijo's Model*", with the support of trained voluntary Cuban workers as Home Visitors, has been successfully implemented not only in Cuba but in other countries, though with some cultural adaptations. The assumption is that both harmonic and holistic development of every human being depends largely on how he/she had been nourished, nurtured and educated in the early years, either in the family context or at day-care centers. By setting up learning environments in which family members, the child and the Home Visitor interact together through playing activities and games; by exploring the culturally-bound potentials of every family cultural setting, "*Educa tu Hijo*" has also contributed to family awareness-raising on the importance of their participation for the betterment of their children's comprehensive and healthy development.

Consequently, a new paradigm was claimed to be applied as a guide to the conception and implementation of actions in the fields of health, education, social services and culture in that country. Specialized acute interventions are still carried out when required, but the main focus has shifted to an interdisciplinary and intersectorial paradigm that takes into consideration the complex aspects of early childhood health and education.

Likewise PIM is organized around a structural troika: *Family*, *Community* and *Intersectoriality*. The *family* is viewed as the most important primary human group in the early years of an individual's life. It is an affective unit of relationship, care, protection and education, not necessarily based on blood or legal ties. The importance of family becomes even more critical in light of the fact that almost 75.28% of the population aged 0 to 6 years has no access to early childhood education facilities in Rio Grande do Sul. (IBGE, 2007; Ministry of Education/INEP, 2007) Therefore, *PIM* plays an important role in supporting families, providing them guidance and promoting the holistic development of their children.

The program views the *community* as a central space for potentialities and human, material and institutional resources. Its customs, traditions and cultural production are key elements for the education, health and development of children. In a discussion of children's essential growth, learning and developmental needs, Brazelton and Greenspan included the need for stable and supportive communities and for cultural continuity. In the authors' words, "How can we nurture our children with the feeling of respect for their own cultural singularity, while helping them to acquire the linguistic skills and the required abilities in Math, History, etc. to perform well in the society as a whole?" In their understanding, whoever worries about the child's wellbeing should also question which steps must be followed in order to motivate the communities to become cohesive, secure and reflective rather than insecure, fragmented or untrustworthy settings (Brazelton & Greenspan, 2002:164 and 166).

The principle of *intersectoriality* as one of the structuring axes of PIM stems from the realization that the fragmentation of initiatives, the excessive sectorization and the emphasis in specialized actions result in inadequate policies and anecdotal programs that waste resources and have reduced efficacy and effectiveness. In the *PIM* framework, intersectoriality is defined as a coordinated network of actions to support pregnant women, children aged 0 to 6, and their families.

Intersectoriality is considered a key element to the success of PIM. Integration among governmental departments of health, education, social services and culture, as well as the full commitment of administrators in all spheres, are gradually converting *PIM* into a reality that is not only feasible but also increasingly promising. Moreover, the program's articulation with the second and third

sectors has also contributed to positive results.

PIM provides assisted families with two modalities of care: *Individual* and *Group Care*, complemented by a community-based approach. All parental guidance and child stimulation activities are planned and carried out in a playful way, appropriate to children's ages and/or women's stages of pregnancy, and take into consideration the developmental dimensions targeted by the program, its theoretical framework, and the local context and cultural aspects. Moreover, all planning is based on the Monitoring of Developmental Gains that comprises the Initial Diagnosis of Child Development and further assessments. Both the Initial Diagnosis and subsequent assessments use developmental indicators based on the selected cognitive, motor, socio-affective and language dimensions. They inform the planning and implementation of activities, which must be adapted to suit the characteristics and needs of each child/family.

The *Individual Care Modality* is designed for families with children aged 0 to 2 years and 11 months, and pregnant women assisted by the program. Children are seen once a week and pregnant women are seen once every two weeks in home visits lasting approximately 1 hour. Each visit has three distinct stages: a review of the previous visit and an exploration of the present topic (during which the Home Visitor explains the benefits of the proposed activities for the various developmental aspects of the child and/or for the mother-baby dyad); the actual activity, observed and supported by the Family Visitor; and the final assessment stage. Additional reference material for visits is provided by PIM Guide Books: The Family Guide Book, The Expectant Mother's Guide Book, The Expectant Mother's Guide Book for Home Visitors, and The Guide Book for MTGs, Monitors and Home Visitors.

The *Group Care Modality* is designed for families with children aged 3 to 6 and/or pregnant women in weekly and monthly schedules, respectively. Meetings can happen in community centers, church halls, parks, and homes big enough to accommodate all participants and include games and playful educational activities planned by Home Visitors under the supervision of PIM technical coordination team. The main goal of the group modality for pregnant women is to provide relevant information on topics such as child delivery and the importance of breastfeeding, as well as to promote socialization and the exchange of experiences.

PIM is currently implemented in 224 towns in RS. Over 60% (323) of the 496 towns in the state have qualified to implement it, an indicator of good program coverage. In August 2008, 45,750 families were being assisted by the program, including 68,625 children and 5,490 expectant mothers receiving care during pregnancy.

As a result of the program's consolidation and effectiveness, a State Law has been passed - State Law #12544 – so as to guarantee the continuity of investments in early childhood at the local level. This law establishes PIM as a public policy that aims at promoting the holistic development for children from pregnancy to the age of six as a complement to family and community actions.

Final Considerations

The actions and proven effectiveness of PIM have opened a new chapter in the lives of all children and families it has assisted, with support from communities and all sectors directly involved and significant repercussions for society at large. Guided by ethical and democratic principles and recognizing the importance of both interdisciplinarity and intersectoriality in the promotion of a healthy development for children, the program fosters growth and increases the likelihood of high-quality educational experiences. In doing so, it contributes to a productive and successful

future, preventing and minimizing developmental and learning difficulties and reducing the risk of school dropout, violence, and conflicts with the law, among others.

The pioneering experience of this program has shown that it is possible to mobilize public administrators and society in general to implement early childhood-oriented public policies. The development of PIM has taught us important lessons. The first one concerns the efficacy of alliances between state and local governments to coordinate actions to bring about desired results according to specific local characteristics and needs, based on the permanent technical and financial support of the state, which is due to its intersectorial nature. Cooperation with multilateral agencies can strengthen a program both internally and externally as it promotes the exchange and dissemination of successful experiences in a given field.

Community involvement is a key factor in the implementation of PIM. Participation promotes access to families at the same time as it fosters awareness to the cause of early childhood and establishes a joint network of efforts. The family is the core element of PIM, and experience has shown the importance and relevance of this particular focus.

In a country like Brazil that faces such serious problems of extreme social inequalities, violence and disregard for the most basic of human rights, investing in early childhood is a political strategy of utmost significance. The results will surely be seen in the short, medium and long-term, going beyond the history of each individual child and contributing to much needed changes in the country's future.

As for the implications beyond Brazil, PIM has recently crossed the borders of our country by opening up the BBC World First Steps Series, with a video named "Catch Them Young", reporting the advantages of comprehensive care and education with a PIM family that live in Caxias do Sul, in the northeast of Rio Grande do Sul. Besides this commercial presentation, the program has also been reported on at the 9th Annual Conference of the International Step by Step Association (ISSA), held in Budapest in 2008, as an individual paper entitled: "PIM BRAZIL: A public policy with a Multi-Sectoral Approach to ECCE on families and children at risk" (Almeida, 2008).

Finally, in the field of comparative and international education, PIM is, internally, undergoing a thorough process of monitoring and evaluation regarding its performance and achievements. Externally, the program is also engaged in the Canadian Study with the Early Development Instrument (EDI), together with Monterey/Mexico and Canada, so as to find out between and within country comparisons, the EDI results of children 5-6 years of age enrolled in ECD programs and their relationship between EDI scores and school performance in grades 3 and 4. Such comparisons, using a standardized assessment tool as EDI, will contribute to show the importance of universal early child development program for all families with young children.

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